CBFS

Community Based Flexible Support

2017 Stakeholder Engagement Sessions

Service Accountability and Movement

Utilization Review Process

1/25/2017

Agenda

I. Agenda Kickoff
   - *Welcome*
   - *Today's Goals*
   - *Recap*

II. Current Utilization Review Process

III. Enhanced Utilization Review Strategy

IV. Addressing Service Needs Across Systems

Today's Goals

1. Identify gaps in current utilization review process
2. Discuss a revised process with clear reporting metrics
3. Discuss ways to ensure rehab services are consistent with client needs

Considerations for Today

Questions to Consider for this Session

- What has been your level of interaction with the utilization review process?
- What metrics would improve the utilization review process?

Schedule Recap

#	Topic	Date
1	Orientation	January 11th, 2017
2	Utilization Review Process	January 25th, 2017
3	Behavioral Health Integration	February 8th, 2017
4	Accountability and Integration	February 22nd, 2017
5	Engagement	March 8th, 2017
6	Measurable Targets & Benchmarks	March 24th, 2017
7	Debrief for Both Workgroups	March 29nd, 2017

Recap: Focus Areas of Improvement

Client Need	Rehabilitation requirements do not always align with client need over time and across the age continuum.
Movement	Movement through GLEs slowed as DMH shifted its role from managing to monitoring services.
Staffing Model	Lack of engagement identified as most significant barrier. Lack of consistency in model design, no standard staffing requirements or minimum staffing levels.
Care Coordination	Delivered by staff within model and not integrated into health care delivery system.
Enrollment Criteria	No standard enrollment/disenrollment criteria. Continuum model assumes all clients would receive rehabilitation- does not always align with client need over time and across the age continuum.
Community Tenure	Most significant performance measure but no reliable data.
Fiscal	Disparate rates based on historical spending that lead to inconsistent resources to deliver the same contract components.

Recap: Orientation Meeting

- Based on last session's feedback***, client need, staffing model, movement and care coordination*** were noted most frequently as the highest priority areas.
- ***Data collection*** was also noted as an area of improvement (not originally identified).

Recap: Orientation Meeting

Key tasks associated with the Service Accountability and Movement workgroup include:

Discuss methods of managing movement or flow through CBFS and within the behavioral health system, including emergency, inpatient and other community-based services.

Review criteria for receiving CBFS services.

Discuss performance measures and systems to ensure accountability.

Recap: Model Development 1/18

Topic: The Age Continuum

- Examined demographic data and discovered that younger demographics are enrolling in CBFS at a higher rate than in previous years.
- Emphasized shifting CBFS away from being a "program that is everything to everyone."
- Discussed challenges and strategies in providing services older adults, including complex medical issues, mobility needs, and other aging issues
- Identified needs of young adults and importance of engagement.

II. Current Utilization Review Process

The Importance of Utilization Review

Utilization Reviews:

- Safeguard against unnecessary care.
- Allows providers to review care from perspectives of necessity, quality of care, appropriateness of decision-making, and place of service.

CBFS Utilization Review Process

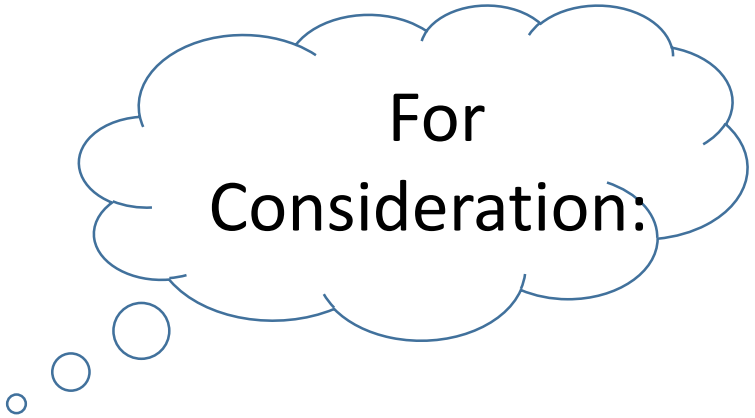
- DMH Contractors are expected to maintain internal quality and utilization management systems and to engage in activities to ensure the safety, quality and effectiveness of the services they provide through systematic performance improvement.
- Each CBFS contractor has the responsibility and authority to make decisions about utilization, resource allocations and service delivery.
- DMH will measure performance through client and administrative outcomes and through quality and utilization review.

Current CBFS UR Processes include:

- Client-level reviews at Site meetings
- Standard reports on events (hospitalizations), R-days
- Area-led contract management meetings with standard agenda

CBFS Utilization Review Process

- What has been your level of interaction with the utilization review process?
- Is the current process effective?
- Where do gaps exist?
- What are key components every UR process should have?



CBFS Utilization Review Process

DMH has identified a few issues in the current process:

- ED boarding and use of acute care services
- Responsiveness to changes in client need
- Movement in GLEs
- Disengagement from services

III. Enhanced Utilization Review Strategy

Enhanced Utilization Review Strategy

Client-level reviews will ensure quality of care and movement through system focused on the following conditions:

1. New referrals to ensure adequate engagement
2. High acuity/high risk (multiple hospitalizations, ED visits, police encounters, etc.) to ensure that services are adjusted to meet changing needs
3. GLEs, including specialties, to ensure movement
4. Review clients receiving “light touch” services to identify clients ready to transition to next level of care

Enhanced Utilization Review Strategy

1. New referrals to ensure adequate engagement.

FY15 Disenrollments by LOS

Disenrollment Reason	≤ 6 Months	%	6 Months - 1 Year	%	1 Year – 2 Years	%	≥ 2 Years	%	Total	%
Institutional Placement	36	13%	40	14%	40	13%	167	17%	283	15%
Person Served is Unengaged	115	40%	106	37%	80	26%	156	16%	457	24%
Met Treatment Goals and/or Engaged in Treatment	103	36%	110	38%	147	49%	475	48%	835	45%
Other	34	12%	30	10%	36	12%	196	20%	296	16%
Total	**288**	**100%**	**286**	**100%**	**303**	**100%**	**994**	**100%**	**1871**	**100%**

Enhanced Utilization Review Strategy

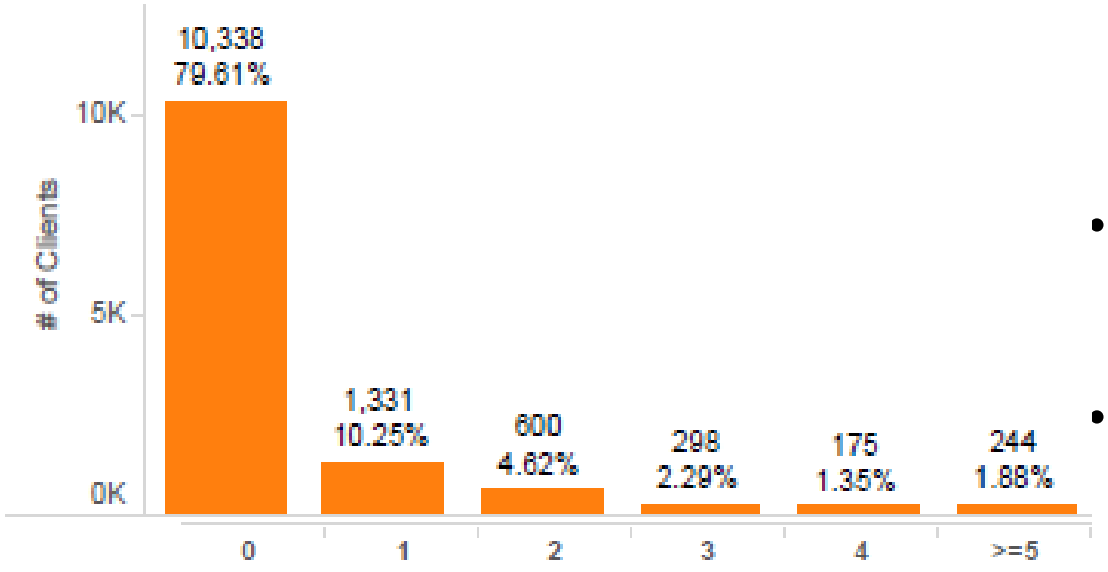
1. New referrals to ensure adequate engagement.

- How do we ensure clients are not discharged due to lack of engagement?
- What are some ways to keep clients engaged who at risk of disengaging, including people who are homeless and using substances?
- What are some metrics to identify stage of engagement and ensure service delivery matches the engagement stage?

Enhanced Utilization Review Strategy

2. High acuity/high risk (multiple hospitalizations, ED visits, police encounters, etc.) to ensure that services are adjusted to meet changing needs

Number of FY15 CBFS Enrollee Reported Admissions to Psych Inpatient



- 80% of enrollees did not have a reported admission to a psychiatric inpatient facility during the FY
- 244 (2%) of enrollees had 5 or more reported admissions during the FY
- Admissions episodes are reported by provider (not verified through claims)

Enhanced Utilization Review Strategy

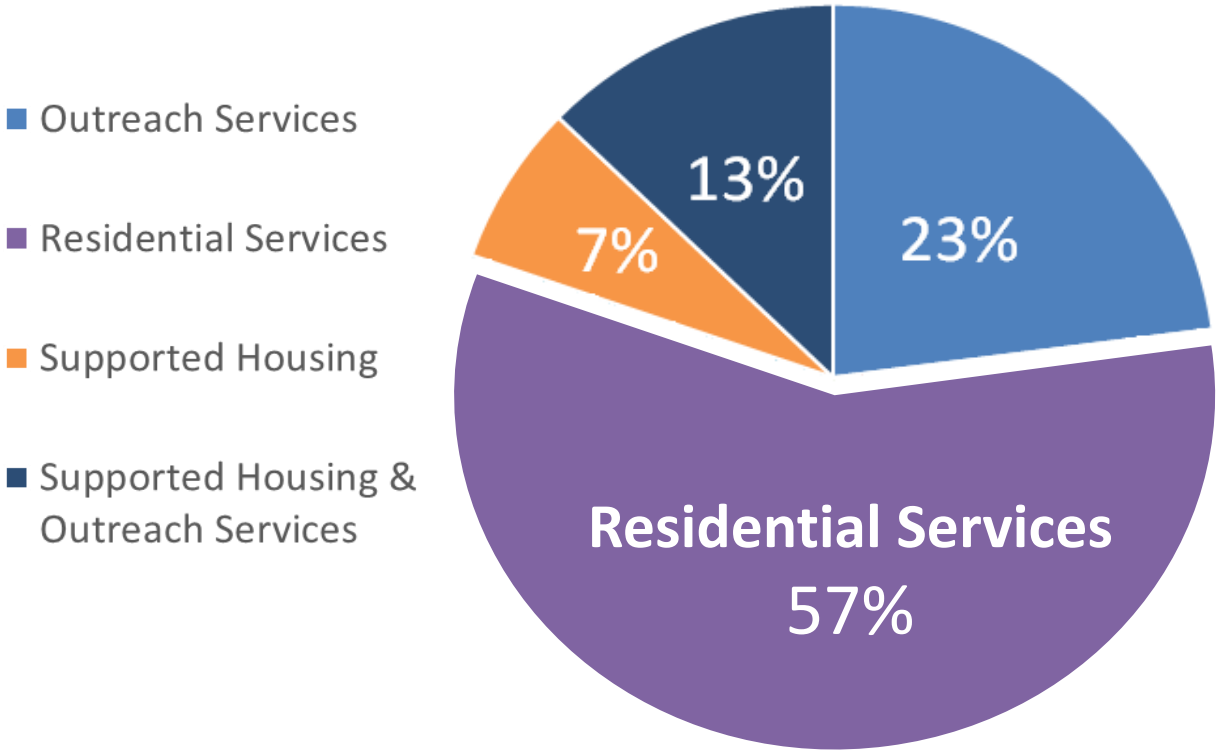
2. High acuity/high risk (multiple hospitalizations, ED visits, police encounters, etc.) to ensure that services are adjusted to meet changing needs

- How are these high risk individuals identified?
  - Are there common characteristics seen across high risk populations?
- What are some steps that may be taken to minimize hospitalizations, use of EDs, and police encounters?
  - Are there gaps in resources to accomplish these goals?
- What are some metrics of community tenure?

Enhanced Utilization Review Strategy

3. *GLEs, including specialties, to ensure movement*

More than half of current clients were receiving Residential Services prior to CBFS (pre- 2009)



*Based on collected data from 6,632 CBFS clients. Not all clients represented are still currently enrolled.

Services Crosswalk	
Residential Services	ARESI
	ARESI15
	ARESI24
	ARESI8
Supported Housing	ARESISH
Outreach Services	CRS
	RTC

Enhanced Utilization Review Strategy

3. GLEs, including specialties, to ensure movement

- What should movement look like for clients within GLEs?
  - Does this vary among different ages and populations?
- How do you identify when a client is ready to transition to a different level of care?
- What are some metrics of optimal use of GLEs, including specialties?

CBFS Encounter Survey

4. Review clients receiving "light touch" services to identify clients ready to transition to next level of care

An Encounter Survey was conducted over a two week period in 2013 to study the number and types of client encounters in CBFS.

The survey reported:

11,500+ CBFS Members & 412,649 encounters

92% — Had ≥ 1 encounter

17% — Had ≥ 1 "failed" encounter → 94% had at least one other documented encounter

8% — Had no encounters → 7% with no attempts, 1% were a result of a "failed" attempt

Enhanced Utilization Review Strategy

4. Review clients receiving "light touch" services to identify clients ready to transition to next level of care

- How do you identify when a client is ready to transition to a different level of care?
- How do you keep "light touch" clients engaged?
- What are some metrics to ensure that the level of service provided is appropriate?

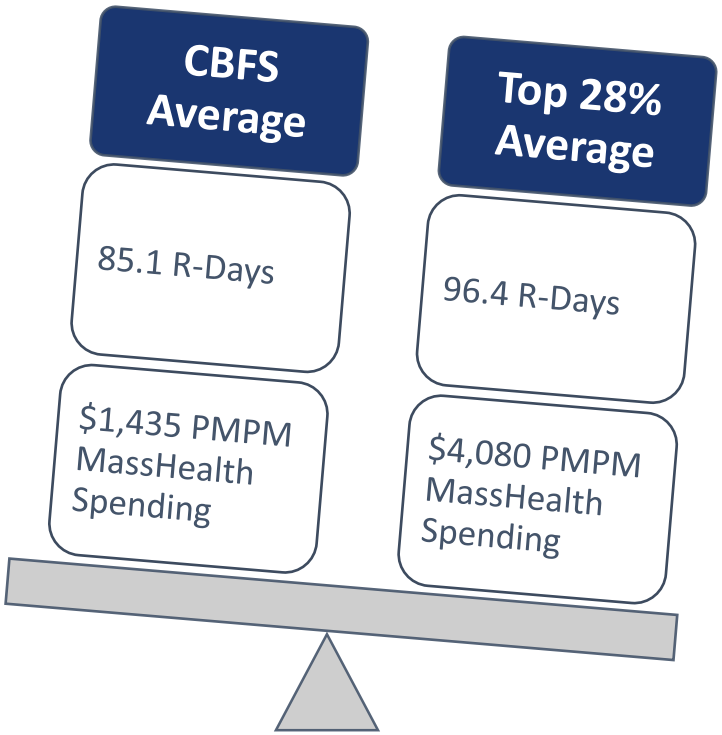
IV. Addressing Service Needs Across Systems

MassHealth Spending: The Top 28%

28.13% of enrollees account for 80% of spending

Average Spending by MassHealth Coverage per Client per Month

MassHealth Coverage	CBFS Average Spend per Client/Month	Top 28% of MassHealth Spend per Client/Month
FFS	$1,061	$3,548
One Care	$2,433	$5,004
MCO-MassHealth	$1,059	$3,627
PCC	$2,159	$4,554



CBFS Service Delivery Goals

The focus of CBFS service delivery is on rehabilitative interventions that facilitate recovery and achieve the following outcomes for clients being served.

How do we ensure that our rehab service offerings align with client needs and services provided in other systems?

Closing Remarks

- Debrief of Today's Meeting
- Outstanding Questions
- Next Meeting:

Date: February 8th, 2017

Location: DMH Hadley Building,
Rodriguez Auditorium, Westborough, MA

Topic: Behavioral Health Integration

- Address limitations in promoting access and continuity
- Discuss changes required to ensure access and continuity
- Identify strategies to ensure service needs are addressed across systems
- Review reasonable standards for accountability